REMARKS

Overview

Claims 84-89, 92-94, 98-100, 102-103, 105, 108 and 110 are pending in this application. Claims 84-86, 88-89, 92-94, and 98 have been amended. The present response is an earnest effort to place all claims in proper form for immediate allowance. Reconsideration and passage to issuance is therefore respectfully requested.

Issues under 35 U.S.C. § 112

Claims 85-86, 88-89, 92-94, and 98 have been rejected under 35 U.S.C. § 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. Claims 85, 86, and 88-89, 92, 93, 94, and 98 have all been amended to correct antecedent basis. Therefore, it is respectfully submitted that these rejections should be withdrawn.

Issues under 35 U.S.C. § 103

Claims 84, 88-89, 94, 98-100, 102-103, and 110 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over U.S. Patent No. 6,393,404 to Waters et al., in view of U.S. Patent No. 5,325,293 to Dorne and U.S. Patent Number 5,823,949 to Goltra. These rejections are respectfully traversed.

Before addressing the specific rejections and the deficiencies of the cited references, it is emphasized that the claimed invention is directed towards using a doctor-defined linkage between procedure codes and diagnosis codes to better document a patient encounter. This results in a code-driven method of documenting a patient encounter. What is claimed is not merely

collecting diagnosis codes and collecting procedure codes. Nor is what is being claimed merely

some relationship between diagnosis codes and procedure codes. Rather, what is being claimed is

the doctor-defined linkage between procedure codes and diagnosis codes to better document a

patient encounter. By tracking which diagnosis codes are used to support which procedures, and

the rank ordering of the diagnosis codes, more information about the patient encounter is

documented then merely collecting diagnosis codes and collecting procedure codes.

Consider a record of procedure codes and diagnosis codes associated with a patient

encounter. It provides some information about the encounter in terms of the procedures

performed and diagnoses made. Such information may be sufficient for billing purposes. Yet,

merely recording the procedure codes and diagnosis codes does not convey which of the

diagnosis codes were the reason that a care provider performed a particular procedure, nor does

the mere recording of procedure codes and diagnosis codes provide any insight into which of the

diagnosis codes were the most important to the care provider in the decision to perform a

particular procedure.

The claimed invention addresses this problem by linking the diagnosis codes to each

procedure code and allowing a user to rank order the diagnosis codes for each procedure

performed. Doing so provides for better documentation of the patient encounter. None of the

cited prior art references document a patient encounter in the same way. None of the cited prior

art references recognize the advantages of such a code-driven system.

Claim 84 recites "A method for providing medical coding comprising: receiving a

selection of a patient procedure code on a first computer, the patient procedure code representing

a procedure performed on a patient during a patient encounter; receiving a selection of a plurality

of diagnosis codes on the first computer, each of the plurality of diagnosis codes representing a

diagnosis applicable to the procedure performed during the patient encounter; linking the selection of the patient procedure code to the selection of the plurality of diagnosis codes on the first computer; providing a user interface adapted for ranking the plurality of diagnosis codes linked with the patient procedure code in a user defined rank order after receiving the selection of the plurality of diagnosis codes; documenting the patient encounter by storing the rank ordering of the selection of the plurality of diagnosis codes linked to the selection of the patient procedure code of the procedure performed to thereby provide a record of the procedure performed, a record of each diagnosis supporting the procedure performed, and a user defined ranking of each diagnosis supporting the procedure performed."

As the Office Action recognizes, Waters does not disclose "linking the selection of the patient procedure code to the selection of the plurality of diagnosis codes on the first computer" (Office Action, p. 4) As the Office Action further recognizes, Waters does not disclose "providing a user interface adapted for ranking the plurality of diagnosis codes linked with the patient procedure code in a user defined rank order after receiving the selection of the plurality of diagnosis codes" (Office Action, p. 4). It is further submitted that Waters does not disclose "documenting the patient encounter by storing the rank ordering of the selection of the plurality of diagnosis codes linked to the selection of the patient procedure code of the procedure performed to thereby provide a record of the procedure performed, a record of each diagnosis supporting the procedure performed, and a user defined ranking of each diagnosis supporting the procedure performed."

In addition to these clear deficiencies of Waters, it is further submitted that Waters teaches away from the claimed methodology. Water's selects codes for usage based on optimized billing, and not to reflect accurately and completely that which was encountered in the care of the patient

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(See e.g. col. 2, line 60 to col. 3, line 8). Thus, a billing record generated by Waters does not

provide the same accurate and completeness of the claimed invention.

Given the deficiencies of Waters, the Office Action relies upon Dorne, col. 16, lines 9-22

as disclosing "linking the selection of the patient procedure code to the selection of the plurality

of diagnosis codes on the first computer." There, Dorne merely discloses the following:

> The interactive program preferably also has the capa-
> 10 bility of keeping track of the ICD-9 diagnostic codes
> most likely associated with the procedures selected by
> the user. Specifically, after sorting the final code system
> variable, the interactive program proceeds to an activ-
> ity block 372 and recalls from memory all of the likely
> 15 ICD-9 codes associated with the procedures that the
> user has selected. The ICD-9 codes are diagnostic codes
> specified by the International Classification of Diseases
> (9th revision). The interactive program stores these
> codes to a ICD-9 system variable.
> 20 After generating and ordering the CPT codes associ-
> ated with the selected procedure, the interactive pro-
> gram takes the user back to the Main Menu (FIG. 3A).

Thus, Dorne merely discloses that certain diagnostic codes are more likely to be

associated with certain procedures and provides a means to select diagnostic codes. What is

more, is that Dorne is not concerned with maintaining a linkage between each procedure code and

particular diagnosis codes. Rather, Dorne merely is concerned with recording all of the diagnosis

codes. Thus, Dorne fails to record the same amount of information about the patient encounter as

in the claimed invention.

It is further observed that the Office Action relies upon Goltra as teaching ordering of

diagnosis codes. The Office Action cites to col. 2, lines 25-58; col. 3, lines 29-41; col. 4, line 58

to col. 5, line 51; col. 6, lines 6-10 as disclosing "providing a user interface adapted for ranking

the plurality of diagnosis codes linked with the patient procedure code in a user defined rank

order after receiving the selection of the plurality of diagnosis codes" (Office Action, p. 5).

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Goltra simply does not disclose this limitation. It is recognized that Goltra does mention ranking of diagnoses, but it is a very different context and Goltra simply does not disclose "providing a user interface adapted for ranking the plurality of diagnosis codes linked with the patient procedure code in a user defined rank order after receiving the selection of the plurality of diagnosis codes."

It is further submitted that claim 84 as amended recites "documenting the patient encounter by storing the rank ordering of the selection of the plurality of diagnosis codes linked to the selection of the patient procedure code of the procedure performed to thereby provide a record of the procedure performed, a record of each diagnosis supporting the procedure performed, and a user defined ranking of each diagnosis supporting the procedure performed." None of the prior art references alone or in combination disclose this limitation.

For all these reasons, it is respectfully submitted that this rejection to claim 84 must be withdrawn. As claims 85-89, 94, and 110 depend from claim 84, these rejections should also be withdrawn.

With respect to independent claim 98, claim 98 recites "A method for providing code-driven medical reporting for billing purposes, comprising: receiving a selection of a patient procedure code on a first computer, the patient procedure code representing a patient procedure performed on a patient during a patient encounter; receiving a selection of a plurality of diagnosis codes on the first computer, each of the plurality of diagnosis codes representing a diagnosis of the patient during the patient encounter; receiving a change in ordering of diagnosis codes from a user; linking the selection of the patient procedure code to the selection of the plurality of diagnosis codes on the first computer; documenting the linking of the selection of the patient procedure code and the selection of the plurality of diagnosis codes to provide for maintaining a

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user defined rank ordered relationship between the patient procedure code and the plurality of diagnosis codes based on the patient encounter to thereby provide a detailed record of the patient encounter."

For the reasons previously expressed, none of the cited prior art references discloses "receiving a change in ordering of diagnosis codes from a user" or "maintaining a user defined rank ordered relationship between the patient procedure code and the plurality of diagnosis codes based on the patient encounter to thereby provide a detailed record of the patient encounter." The claim makes clear that what is being rank ordered are the diagnosis codes associated with the patient procedure code during the patient encounter. None of the cited prior art references alone or in combination disclose such a limitation. Therefore, it is respectfully, submitted that this rejection to claim 98 should also be withdrawn. As claims 99-100 and 102-103 depend from claim 98, it is respectfully submitted that these rejections should also be withdrawn.

Claims 85-87 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Waters et al. Dome, Goltra, and further in view of U.S. Patent No. 5,772,585 to Lavin et al. Claims 85-87 depend from claim 84 for which the deficiencies of Waters et al. Dome, and Goltra have already been discussed. Lavin et al. does not remedy these deficiencies. Therefore this rejection to claims 85-87 should also be withdrawn.

Claims 92-93, 105, and 108 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Waters et al. in view of Goltra. Claim 92 has been amended and now recites "linking the plurality of diagnosis codes in a user defined rank order to the patient procedure code such that a defined relationship between the patient procedure code and the plurality of diagnosis codes is maintained to thereby provide a record of the procedure performed, a record of each diagnosis supporting the procedure performed, and a user defined ranking of each diagnosis

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supporting the procedure performed to provide a record of the patient encounter." It is respectfully submitted that neither Waters et al. nor Goltra disclose such a limitation. Therefore, this rejection to claim 92 should be withdrawn. As claim 93 depends from claim 92, this rejection should also be withdrawn.

With respect to independent claim 105, claim 105 recites "A method for providing code-driven medical reporting, comprising: providing a user interface adapted for operation on a first computer; using the user interface to collect at least one procedure code representing a procedure performed on a patient during a patient encounter; for each of the at least one procedure code, using the user interface to collect a plurality of diagnosis codes, each of the plurality of diagnosis codes representing a diagnosis of the patient during the patient encounter to thereby establish a user defined link between each of the plurality of procedure codes and the plurality of diagnosis codes; using the user interface to reorder the plurality of diagnosis codes; documenting the patient encounter by storing each of the at least one procedure codes and storing each of the at least one diagnosis codes linked to each of the at least one procedure codes to provide a record of each set of diagnosis codes collected for each procedure code and a rank order of each set of diagnosis codes."

As previously discussed, Goltra and Waters are deficient. In particular neither reference discloses "using the user interface to reorder the plurality of diagnosis codes." Goltra discusses an ordering of codes but not reordering diagnosis codes using a user interface. Nor does either reference disclose "documenting the patient encounter by storing each of the at least one procedure codes and storing each of the at least one diagnosis codes linked to each of the at least one procedure codes to provide a record of each set of diagnosis codes collected for each procedure code and a rank order of each set of diagnosis codes." No reference documents a patient encounter in this way. It is recognized that the Examiner cites to Goltra as disclosing this limitation, but Goltra simply does not. Moreover, Goltra is directed towards intelligent prompting to assist in diagnosing, not for documenting a patient encounter using codes. Thus, it

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is further submitted that the combination of Goltra and Waters is merely improper hindsight. The alleged motivation or suggestion to combine is to "provide a good archival record of what has been done for a particular patient" (Office Action, p. 6). Yet the invention provides for more than merely providing a record of what was done—it provides documentation why each procedure was performed and a rank ordering of the diagnoses which supported the procedure. This provides documentation beyond what either Goltra or Waters teaches.

Therefore, it is respectfully submitted that this rejection to claim 105 should be withdrawn. As claim 108 depends from claim 105, this rejection should also be withdrawn.
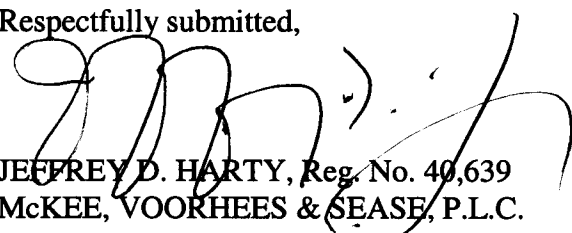
Conclusion

Please consider this a Request for Three-Month Extension from February 1, 2008 to May 1, 2008 and charge Deposit Account No. 26-0084 the amount of $525.00 for this extension.

No other fees or extensions of time are believed to be due in connection with this amendment; however, consider this a request for any extension inadvertently omitted, and charge any additional fees to Deposit Account No. 26-0084.

Reconsideration and allowance is respectfully requested.

Respectfully submitted,

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